PART B-ISSUE FEE TRANSMITTAL Complete and mail this form together with a more able fees, to: **Box ISSUE FEE Assistant Commissioner for Patents** JAN 2 4 2000 Washington, D.C. 20231 MAILING INSTRUCTIONS of some should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be used where appropriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** maintenance fee notifications. I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) MM42/1025 mail in an envelope addressed to the Box Issue Fee address above on HELFGOTT AND KARAS the date indicated below. **60TH FLOOR** EMPIRE STATE BUILDING NEW YORK NY 10118-6098 (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** 09/001,240 12/30/97 027 LE, 10/25/9 2876 First Named BASHAN, 35 USC 154(b) term ext. 0 Days. Applicant CONTACT / CONTACTLESS DATA TRANSACTION CARD TITLE OF INVENTION ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE 2 COHN14702 235-441.000 D33 UTILITY YES **\$605.00** 01/25/0b Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) HELFGOTT & KARAS, P.C. the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form 60th FLOOR member a registered attorney or agent) PTO/SB/122) attached. Empire State Building and the names of up to 2 registered patent New York, New York 10118 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for Advance Order - # of Copies___ filing an assignment. (A) NAME OF ASSIGNEE ON TRACK INNOVATIONS LTD. 4b. The following fees or deficiency in these fees should be charged to: 0.8-1.6.3.4(B) RESIDENCE: (CITY & STATE OR COUNTRY) **DEPOSIT ACCOUNT NUMBER** ROSH PINA, ISRAEL (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee individual corporation or other private group entity government Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 38 1/24/00 Any fee due with this paper, not fully NOTE; The Issue Fee will not be accepted from apyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and covered by an enclosed check, may be Trademark Office. THARRELI 00000026 charged on Deposit Audi. No. 08-1634 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark lad by Express Mail Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS (Receipt No.E ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B-ISSUE FEE TRANSMITTAL: Complete and mail this form, together with and **Box ISSUE FEE** ie fees, to: Assistant Commissioner for Patent Washington, D.C. 20231 JAN 2 4 2000 MAILING INSTRUCTIONS: Form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should the appropriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** maintenance fee notifications. I hereby certify that this Issue Fee Transmittal is being deposited with CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Jesue Fee address above on MM42/1025 the date indicated below. HELFGOTT AND KARAS SOTH FLOOR EMPIRE STATE BUILDING (Depositor's name) NEW YORK NY 10118-6098 (Signature) (Date) DATE MAILED **EXAMINER AND GROUP ART UNIT TOTAL CLAIMS** FILING DATE APPLICATION NO. 10/25/9 2876 LE. 12/30/97 027 09/001.240 O Days. RS 130 (54(b) term ext. BASHAN. First Named Applicant TRANSACTION CARD CONTACTLESS DATA TITLE OF INVENTION DATE DUE FEE DUE APPLN. TYPE SMALL ENTITY CLASS-SUBCLASS BATCH NO. ATTY'S DOCKET NO. 01/25/00 YES **\$805.00** D33 UTILITY 235-441.000 2 COHN14702 2. For printing on the patent front page, list Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (1) the names of up to 3 registered patent Use of PTO form(s) and Customer Number are recommended, but not required. HELFGOTT & KARAS, P.C. attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form 60th FLOOR member a registered attorney or agent) Empire State Building PTO/SB/122) attached. and the names of up to 2 registered patent New York, New York 10118 attorneys or agents. If no name is listed, no "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. name will be printed. 4a. The following fees are enclosed (make check payable to Commissioner 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) of Patents and Trademarks): PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Sue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for Advance Order - # of Copies___ filing an assignment. (A) NAME OF ASSIGNEE ON TRACK INNOVATIONS LTD. 4b. The following fees or deficiency in these fees should be charged to: 0.8-1.6.3.4DEPOSIT ACCOUNT NUMBER (B) RESIDENCE: (CITY & STATE OR COUNTRY) ROSH PINA, ISRAEL (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee Advance Order - # of Copies individual The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Date) (Authorized Signature) 1/24/00 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney Any fee due with this paper, not fully or agent; or the assignee or other party in interest as shown by the records of the Patent and covered by an enclosed check, may be Trademark Office. charged on Deposit Aust. No. 08-1634 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark 1/24/00 Hussen Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.